



CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

## New Jersey Office of the Attorney General

Division of Consumer Affairs  
New Jersey Cemetery Board  
124 Halsey Street, 6th Floor, Newark, NJ 07102



PAULA T. DOW  
Attorney General

SHARON M. JOYCE  
Acting Director

**Mailing Address:**  
P.O. Box 45036  
Newark, NJ 07101  
(973) 504-6553

May 19, 2010

By Certified and Regular Mail

William Rockafellow, Superintendent  
Fairview Cemetery  
456 State Highway 35  
Red Bank, New Jersey 07701

Re: Offer of Settlement In Lieu of Filing a Formal  
Disciplinary Complaint

Dear Mr. Rockafellow:

This letter is to advise you that the New Jersey State Cemetery Board (the "Board") has had an opportunity to review information concerning the failure of Fairview Cemetery, which holds Certificate of Authority #75, to file statutorily required Annual Reports with the Board within the time allowed by statute.

Upon review of all available information, the Board has preliminarily found that adequate cause exists to support a finding that the cemetery is in violation of N.J.S.A. 45:27-15 by failing to file its Annual Reports on time.

At this juncture, the Board has preliminarily concluded that the above violation is sufficient to warrant the initiation of formal disciplinary proceedings against the cemetery. Notwithstanding that decision, however, the Board has determined that it will first offer the cemetery an opportunity to settle this matter, and thereby avoid the initiation of formal disciplinary proceedings, should Fairview Cemetery consent to:

1. file Annual Reports in a timely manner, so long as you hold a Certificate of Authority; and
2. pay a civil monetary penalty in the amount of \$500.00 (to be paid immediately upon your signing of the acknowledgment at the bottom of this letter).

If you are willing to settle this matter on the offered settlement terms, you may do so by signing the acknowledgment at the bottom of this letter, and returning it to the Board office. Upon your signature, this letter will be a matter of public record.

In the event you are unwilling to settle this matter on the offered terms, it will be referred to the Attorney General's office for the initiation of appropriate enforcement action. In such event, you will be afforded an opportunity to defend against the alleged violations. If an evidentiary hearing is deemed warranted the Board will either conduct that hearing at a date and time to be scheduled or refer the matter to the Office of Administrative Law. You are advised, however, that in the event formal charges are filed, the Board may assess civil penalties in an amount greater than those herein offered in settlement should any charges against you be sustained. Additionally, the Board may, if the facts are found to so warrant, enter an order requiring you to pay the additional costs incurred by the Board. Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact Deputy Attorney General John D. Hugelmeyer, who may be reached at (973) 648-3453.

If you elect to settle this matter now you should sign the acknowledgment at the bottom of this letter and return it to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within fifteen (15) days, the Board's settlement offer will be withdrawn, and the matter will be referred to the Attorney General's Office for the initiation of appropriate enforcement proceedings.

NEW JERSEY STATE CEMETERY BOARD

By: *Dianne L. Tamaroglio*  
Dianne L. Tamaroglio  
Executive Director

MAY 26 2010

ACKNOWLEDGMENT: I, William Rockafellow, hereby acknowledge that I have read and reviewed the settlement proposal set forth in the above letter, and that I am authorized to act on behalf of the cemetery in this matter. I acknowledge the conduct which has been alleged. I am aware that, by signing this acknowledgment, I am waiving any rights the cemetery may have to defend itself against any charges of wrongdoing at an administrative hearing. I am also aware that the action taken against the cemetery by the Board herein is a matter of public record, and that this letter is a public document. I hereby agree on behalf of the cemetery that it shall pay a penalty in the amount of \$500.00 (to be paid upon signing of this acknowledgment), and shall comply with all other requirements set forth in the settlement letter.

*William Rockafellow*  
William Rockafellow

4520 5025 5205 2034  
7006 2150 0005 5205 2034

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|----------------------------------------------------------------------------------------------|---------------|
| <b>U.S. Postal Service™</b>                                                                  |               |
| <b>CERTIFIED MAIL™ RECEIPT</b>                                                               |               |
| <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>                                  |               |
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> |               |
| <b>OFFICIAL USE</b>                                                                          |               |
| Postage \$                                                                                   | Postmark Here |
| Certified Fee                                                                                |               |
| Return Receipt Fee (Endorsement Required)                                                    |               |
| Restricted Delivery Fee (Endorsement Required)                                               |               |
| Total Postage & Fees \$                                                                      |               |
| Sent To <i>Jarvis Cemetery</i>                                                               |               |
| Street, Apt. No. or PO Box No. <i>William Rockafellow</i>                                    |               |
| City, State, ZIP+4                                                                           |               |
| PS Form 3800, August 2006 See Reverse for Instructions                                       |               |

orney General

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>SENDER: COMPLETE THIS SECTION</b>                                                                                                                                                                                                                                                                                   |  | <b>COMPLETE THIS SECTION ON DELIVERY</b>                                                                                                                                                                                                                                            |  |
| <ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> |  | A. Signature<br><i>Mary Rockafellow</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee                                                                                                                                                                |  |
| 1. Article Addressed to:<br><i>William Rockafellow, Secretary<br/>Jarvis Cemetery<br/>456 State Highway 35<br/>Rt 1 Box 71 07201</i>                                                                                                                                                                                   |  | B. Received by (Printed Name) C. Date of Delivery<br><i>MAY 24 2010</i>                                                                                                                                                                                                             |  |
| 2. Article Number<br>(Transfer from service label) <i>7006 2150 0005 5205 2034</i>                                                                                                                                                                                                                                     |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If YES, enter delivery address below:                                                                                                                          |  |
| PS Form 3811, February 2004                                                                                                                                                                                                                                                                                            |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |  |
| Domestic Return Receipt                                                                                                                                                                                                                                                                                                |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                                                                                                                                                                                                                    |  |
| 102595-02-M-1540                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                     |  |